

hydriodate of potash, or quinine; and when stiffness of joints alone remains, with warm baths. We have ever found that, as long as the disease retains any of its acute character, so long will no benefit be derived from the warm bath; but so far from it the patient generally complains that his pains had been much worse. So that, in doubtful cases, the effects of the warm bath have served me as a test of the disease, as to its having passed from the acute to the chronic stage.

In thus asserting the advantage to be derived from bleeding in acute rheumatism, we limit its advantage to what is confessedly acute rheumatism; for we have heard physicians say that bleeding had not succeeded in cases in which they had employed it; and when they described the cases, we were not surprised at the failure of which they complained. The cases were such as we doubt much if they can be admitted into the category of acute rheumatism, although the two diseases have at least many local features of resemblance; but the constitutional symptoms are widely different. These cases are such as are designated diffuse inflammation, many of which we have met with as a complication of fever, and which we have described in *The Dublin Medical Journal*, Vol. XII. p. 187, in the following terms: 'We alluded to the occurrence of diffuse inflammation in some cases of this fever; we have had several instances of it, and had reason always to regard it as a most fatal complication. It exhibited itself most commonly in the form of tumefaction of the joints, sometimes with a slight erythematous blush. The knees, ankles, and wrists were the most common seat of this affection; the constitutional symptoms were in general, extreme prostration of the powers of the system, delirium, small weak pulse, diarrhoea, tympanitic abdomen, and an indescribable anxiety. On examination of the parts affected with inflammation, the tumefied joints were generally found to contain purulent matter of a thin, greenish, unhealthy character; and in some cases the cartilages were either in whole or in part destroyed, leaving the ends of the bones denuded and rough.'

We know that cases such as we have thus described have been taken or mistaken for cases of acute rheumatism, and have been treated accordingly; we can hardly wonder that success did not attend such treatment. If such cases have any title to be designated rheumatism, they should be designated typhoid or asthenic rheumatism. In speaking of venesection as an essential element of our treatment we deny the justice of identifying our treatment with that of Bouillaud who bled *coup sur coup*; while Dr. Griffin's remarks would at least seem to imply this. At a time when we exercised less reserve in ordering our patients, affected with rheumatism, to be bled, we never carried it to anything like the length of the distinguished French physician.

We have already observed we gave a fair trial to every other mode of treating the disease, viz., the alkaline treatment, the citric acid treatment, the treatment with opium freely exhibited, the treatment with colchicum alone, and the treatment with bark, with hydriodate of potash, and none has approached the plan we have recommended in the shortness of time it required, nor has any been more certain in its results. And time and ample experience have established its pretensions with us."

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19. *Insufflation as a Remedy in Intussusception.*—Insufflation, suggested by Hippocrates as a remedy for obstructed bowels, has been less frequently resorted to in modern times than might be supposed in consideration of the relief it generally affords. Dr. Gorham (*Guy's Hospital Reports*, vol. iii.) employed it with success, and in the number of the *Edinburgh Medical Journal* for October, 1864, Dr. DAVID GREIG records four cases of intussusception in children relieved by this measure. One of these we transfer to our pages.

"M. S. G., a stout, healthy, female child, 6 months old, always enjoyed good health, never having had a day's sickness; never had any food except breast milk; never troubled with diarrhoea or bowel complaint. Was in her usual good health on Monday, 13th October, 1862, up to 6 o'clock in the evening, when, without any obvious cause, she suddenly became fretful, kicking with her feet, bending the body backwards, and screaming. In about ten minutes she became very sick and vomited severely. The skin became cold and clammy, the countenance pale, and the lips livid. In a little while she revived, but soon

became restless and as sick as before. She seemed to have great pain in the abdomen, which came on in paroxysms, and to increase in intensity until she vomited, when she would seem relieved a little, or at least so faint and sick as not to scream. When given the breast, she would take it readily; but as the sickness and vomiting, with a paroxysm of pain, immediately came on, she latterly refused it. Immediately when she was seized a spoonful of castor oil was given, and hot fomentations were applied to the abdomen. The castor oil was soon ejected from the stomach, as was also a small purgative powder which was given. A warm-water enema was attempted to be administered, but the bowel seemed to be in such a state of spasm that none could be thrown up. About 8 P. M., tenesmus came on, and she passed a little fluid blood, which continued to come with every paroxysm of pain during the night. The abdomen was soft, slightly tympanitic, and not painful on pressure, except during a paroxysm of pain, when pressure seemed to increase it. On deep pressure being made over the abdomen, under the umbilicus, a very distinct hard tumour was felt, a little to the right of the mesial line. Seeing that the case was a serious one, and as the little patient was a near relation of my own, I asked my friend Dr. Pirie to take charge of the case. He attempted to give another enema, but with no better success, owing to the very peculiar spasmodic state in which the bowel was. On the morning of the 14th, as the child was no better, and as Dr. Pirie suspected an intussusception, he requested Dr. Nimmo to see the case along with him. In consultation it was decided that it was a case of intussusception of the bowel. The sickness still continued, but not so severe as on the previous day. The infant took the breast readily, and after taking it would lie still for a few minutes; pain would then seem to come on with sickness, and the milk would be ejected from the stomach with great violence, after which the child would seem exhausted and lie still for some time. It seemed to have great thirst, and took cold water greedily, which, however, was soon ejected. The pulse was about 130, small. Injections were again administered, but with the same result as formerly. As everything had been tried, and nothing had done any good, and as it was evident the child was fast sinking, it was proposed to use the air injection which is mentioned in Dr. West's work on Diseases of Children, as having been used with success by Mr. Gorham. Fortunately, Dr. Nimmo had in his library the volume of *Guy's Hospital Reports*, which contained Mr. Gorham's paper on the subject, and after each of us had perused that paper, it was resolved to give the remedy a trial, as a last resource, and in truth with no very great hopes of benefit.

"The nozzle of a small pair of bellows was introduced into the anus, and air injected to a considerable extent. Contrary to our expectation the air passed readily into the bowel, and seemed to give the child great relief. After the injection it lay very quiet, as if asleep, and evidently quite free from pain. In about twenty minutes from the time the air injection was administered, a slight rumbling noise was heard in the child's abdomen, followed by a crack so loud and distinct as to alarm the attendants in the room, who thought something had burst in the child's bowels. The child, however, continued as if asleep and free from pain, and in about half an hour a large feculent fluid stool, slightly mixed with blood and mucus, was passed without pain. During the night the child rested pretty well, had no return of vomiting, took the breast as usual, and in two days was quite well."

Dr. Greig remarks: "As an intussusception of the bowels cannot be seen or handled like a hernia or a fractured limb, many medical men are very sceptical when told that a certain remedy relieved such a case, and can only believe an intussusception to be present by seeing it at a *post-mortem* examination; this is certainly very conclusive proof, but a kind of proof we would wish to avoid, however conclusive. To my mind the symptoms of an intussusception are unmistakable, and may shortly be said to be, the sudden seizure, the obstinate vomiting, the obstinate constipation, the paroxysms of pain, the hard tumour in the abdomen, and chiefly the passage of blood per anum; all these various symptoms may show themselves in other diseases, but when combined together, and especially when the last mentioned symptom, the passing of blood per anum is present, I think no one can have any difficulty in forming a correct diagnosis, and

must feel convinced that an intussusception is present, without the necessity of a *post-mortem* examination.

"The prognosis of such cases is always unfavourable; and it is well that the medical man guard himself by stating so, whenever he has made his diagnosis. It is true, numerous cases are on record where nature has produced a cure by the sloughing of the strangulated portion of the intestine, and the junction of the healthy parts. About two years ago, Dr. Hare had an opportunity of showing to the Pathological Society of London how neatly nature completes a cure of this kind, a patient of his having died of tubercular disease only three months after suffering from intussusception, in which several inches of the small bowel came away on the fourteenth day of the attack. At the *post-mortem* examination it appeared that the portion of the small intestine came away fifteen inches above the caput coli, and so perfect was the cicatrix, that it appeared as a mere line round the bowel, with puckering of the omentum, etc., around it. I would not, however, advise any one to forego treatment and trust to nature for a cure; as, from my experience, nature is not to be trusted even when the case appears to be one of no great urgency.

"As to treatment, purgatives in the first place naturally suggest themselves; but these are worse than useless, rarely remaining on the stomach, and if they do remain only stimulating the bowel and aggravating the disease. Warm-water enemata are useful, but can seldom be administered owing to the very peculiar irritable spasmodic condition in which the rectum usually is. In any case where this spasmodic condition is not present, or only to a slight degree, I have no doubt warm-water enemata, or, as I used in Case III., warm-water and air thrown in by a syringe would be useful. The ease, however, with which air is thrown into the spasmodically contracted rectum, when it is impossible even to introduce a teaspoonful of warm-water, gives this agent a pre-eminence over all others, and astonishes all who have seen it used. The remedy is always at hand even in the poorest cottage, no matter how far away from town. Its application is so simple as to require no direction for its use. The only necessity being that enough air be thrown into the bowel to distend it as far up as the neck of the invaginated portion, or, in other words, that the operation be continued until the child begins to be uneasy, and the belly distinctly tympanitic. Amongst other means for relief, cases are on record where the abdomen has been opened for the relief of the bowel in intussusception. It is difficult to reduce one by manipulation after death, and I have no doubt it would be much more so to do it during life."

20. *Use of Hot Water as a Remedy for Profuse Perspiration.*—Mr. ROBERT DRUITT calls (*Med. Times and Gaz.*, March 4, 1865) the attention of the profession to the use of hot water as a remedy for profuse perspiration. He states that "if a part of the body that is perspiring be bathed with quite *hot* water till it becomes decidedly hot and *red*, the skin will become dry, and will continue so for a greater or less period of time.

"If *cold* water be used, the part remains cool for some time and then becomes gradually warm or glowing; if *tepid*, it is usually made unpleasantly chilly and flabby; if *warm*, it is left perspiring; if *hot*, it is left hot, red, and dry.

"The terms cold, tepid, warm, and hot are merely relative; what would be warm to one would be lukewarm to another person; but when I say *hot* water for our present purpose I mean water as hot as can be borne without pain. It may be used by sponging or immersion, and must be continued till the parts treated are hot, red, and *tingling* with heat—almost scalded, in fact. A good wipe with water at 130° is easily borne; for immersion the heat must be less; but the feelings are the only guide.

"The circumstance which led me to recommend this remedy was the observation of the painful dryness of a hot skin in feverish attacks, and of the dryness produced by using too hot water in a bath, and by the clumsy use of the lamp-bath, which may make the skin dry instead of moist if not well managed.

"The cases in which I have recommended it with benefit are—first, those of general tendency to perspire to a distressing degree in hot weather, the patient being in good health. If a man who has thoroughly used a cold bath in the